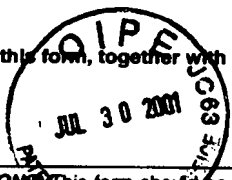


plete and mail this form, together with applicable fees, to:

ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
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\$18

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1. NEW CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

022249
LYON & LYON LLP
SUITE 4700
633 WEST FIFTH STREET
LOS ANGELES CA 90071-2066

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ALMA VASQUEZ

(Depositor's name)

Alma Vasquez

(Signature)

7/27/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/712,692	11/13/00	018	ALAVI, A 2875	07/17/01
Named Inventor: NAGHI, DAVID				

2. TITLE OF INVENTION: APPARATUS FOR ILLUMINATING A PORTABLE ELECTRONIC OR COMPUTING DEVICE

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-2475. A duplicate copy of this sheet is enclosed.

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 259/025	362-085.000	J22	UTILITY	YES	\$620.00	10/17/01

3. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Indication of PTO form(s) and Customer Number are recommended, but not required.

4. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

5. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LYON & LYON LLP

2. _____

3. _____

6. SIGNATURE AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Indication of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for an assignment.

NAME OF ASSIGNEE

NOLOGY CREATIONS, INC. and DESIGN RITE, LLC

RESIDENCE: (CITY & STATE OR COUNTRY)

LOS ANGELES, CALIFORNIA and FONTANA, CALIFORNIA

Indicate the appropriate assignee category indicated below (will not be printed on the patent)

individual ☒ corporation or other private group entity ☐ government

7. 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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☒ Issue Fee

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8. THE COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

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(Date)

9. The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

10. **Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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